

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 3/8/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Appeal for lumbar discogram with Post CT scan L3-4 and L4-5 (62290,72295,72131, 77003)

QUALIFICATIONS OF THE REVIEWER:

Orthopaedics, Surgery Trauma

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

Appeal for lumbar discogram with Post CT scan L3-4 and L4-5 (62290, 72295, 72131, and 77003) Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Fax cover sheet by dated 2/17/2010
2. Fax cover sheet by dated 2/16/2010
3. Notice to air analyses DBA advanced medical reviews of case assignment by dated 2/16/2010
4. Confirmation of receipt of a request for a review by an independent review organization (IRO) by author unknown dated 2/15/2010
5. Request for a review by an independent review organization by author unknown dated 2/11/2010
6. Fax cover sheet by dated 2/11/2010
7. Pre-authorization determination by dated 2/2/2010
8. Appeal letter by MD dated 2/1/2010
9. Fax cover sheet by dated 1/25/2010
10. Pre-authorization determination by dated 1/5/2010
11. Letter by dated 12/31/2009
12. Office visit note by Dr dated 10/22/2009
13. Clinical note by MD dated 7/8/2009
14. Follow-up evaluation note by Dr dated 6/23/2009
15. CT report of the Myelogram lumbar by MD dated 5/26/2009
16. Lumbar myelogram IR report by MD dated 5/26/2009
17. Initial evaluation note by DC dated 4/16/2009
18. Lumbar spine series flexion/extension views report by MD dated 3/6/2009
19. Impairment rating by Dr dated 3/6/2009
20. Report of medical evaluation by MD dated 6/24/2008
21. Review of medical history & physical exam by MD dated 6/24/2008
22. Operative report by MD dated 11/14/2007
23. Operative report by MD dated 11/14/2007
24. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a male injured xx/xx/xx when, during his employment, he was carrying a 40 lb. ramp and felt a pop in his back. He ultimately underwent a L5-S1 anterior and posterior fusion on 11/14/07. There was reported relief from the surgery, but not full relief. On June 24, 2008, the injured employee was given a 5% impairment rating and had an essentially normal exam documented and was recommended to return to work lifting 25 lb., and not exceeding lifting 40 lb. He was seen on 4/16/09 by Dr. who disputed the previous 5% impairment rating and does not feel the injured employee was at Maximum Medical Improvement (MMI). There was noted to be Grade 4 muscle weakness of the LLE-L5-S1, but "blurred" by high pain. This was accompanied by same dermatomal numbness, but

reflexes symmetric and there is no evidence of muscle atrophy. He had a positive FABER sign. Official report of 3/6/09 flexion/extension films documented 2-3 mm anterolisthesis of L5-on L4. This appeared to be unchanged from 9/18/08 report. CT myelogram report from 5/26/09 demonstrates wide L5-S1 laminectomy with capacious spinal canal. There was mild foraminal stenosis at L4-5. There was facet injections completed at L4-5 with no real relief. There is a documentation of the injured employee seeing pain specialist, but no notes available for this review. The injured employee complains now of excruciating pain and numbness. He also has groin complaints. The clinical note from Dr. indicates the injured employee has pain coming from his SI joint, he cannot state whether or not there is a pseudoarthrosis at L5-S1, a vacuum disc is noted L4-5. The discogram is ordered to see if L4-5 is pain generator.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The injured employee has multiple pain generators including sacroiliac (SI) pain (as acknowledged by 2 MD's in notes provided). There is physical examination consistent with L5-S1 etiology, not L4-5 etiology; according to Dr. exam note, there has been no documentation of conservative treatment and psychosocial evaluation. In addition, there is a possibility of a pseudoarthrosis at L5-S1 and this has not been ruled out as a pain generator and that is the level of decreased motor and sensory exam. In addition, CT myelogram demonstrates only mild stenosis at L4-5. Discography is not recommended in ODG; it does not meet ODG criteria as noted below:

Patient selection criteria for Discography:

- Back pain of at least 3 months duration

Injured employee has chronic back pain

- Failure of recommended conservative treatment including active physical therapy

There is no documentation of physical therapy (PT).

- An MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs to allow for an internal control injection (injection of a normal disc to validate the procedure by a lack of a pain response to that injection)

There is no MRI available that is recent.

- Satisfactory results from detailed psychosocial assessment (discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided)

There is no psychosocial assessment.

- Intended as a screen for surgery, i.e., the surgeon feels that lumbar spine fusion is appropriate but is looking for this to determine if it is not indicated (although discography is not highly predictive) (Carragee, 2006) NOTE: In a situation where the selection criteria and other surgical indications for fusion are conditionally met, discography can be considered in preparation for the surgical procedure. However, all of the qualifying conditions must be met prior to proceeding to discography as discography should be viewed as a non-diagnostic but confirmatory study for selecting operative levels for the proposed surgical procedure. Discography should not be ordered for an individual who does not meet surgical criteria.

There is no surgery planned.

- Briefed on potential risks and benefits from discography and surgery

There is no definitive plan-plan is to see if L4-5 is pain level, but multiple other generators are present and did not respond to facet injections.

Discography may be beneficial as cited in references below for disc pathology, but there is no documentation of L4-5 being the symptomatic level.

- Single level testing (with control) (Colorado, 2001)

This was ordered by MD.

The recommendation is to uphold the previous denial.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☐ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Tech Vasc Interv Radiol. 2009 Mar;12(1):33-43.

Interventional assessment of the lumbar disk: provocation lumbar diskography and functional anesthetic diskography.

Bartynski WS, Ortiz AO.

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Pain Physician. 2009 May-Jun;12(3):541-59.

Systematic review of lumbar discography as a diagnostic test for chronic low back pain.

Manchikanti L, Glaser SE, Wolfer L, Derby R, Cohen SP.

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